

Provincial Child Abuse Protocol - C:

Guidelines for Conducting Interviews With Children

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Introduction

Interviews are one of the tools used in child abuse investigations. In many cases, the information learned from interviewing the child(ren) is critical to the subsequent investigation, and impacts on the outcome of the case. In many cases of alleged sexual abuse, the child's statement may be the primary source of evidence.

Children are interviewed to gather information from them. Information is gathered to determine if there is enough evidence to lay criminal charges, to assess child safety, and to formulate an intervention plan for the child and her/his family. When interviewing children investigators require specific knowledge, skills, and abilities. This includes the ability to create a trusting atmosphere in which rapport can be established.

What follows are some principals and guidelines for conducting successful child interviews.

General Guidelines

1. Interviews will be planned by members of the investigative team.
2. Interviews will be conducted by the most suitable team member.
3. Interviews will be conducted in a safe environment.
4. Wherever possible, interviews will be conducted in a "soft room".
5. Whenever possible, only one videotaped interview will be conducted.

Goal of Interview

A well conducted interview will obtain the required information in a manner which:

- minimizes trauma to the child,
- minimizes contamination of evidence,
- maintains the integrity of the investigation,
- provides sufficient information to assess the child protection issues.

Preparing the interview is critical to gathering information in a consistent and standardized fashion. Interviews facilitate in-depth discussion of events. The interview is a fact-finding process. Although an investigator may have some hypotheses in mind about events, the interview is not the forum to prove or disprove a particular assumption.

Some considerations to keep in mind before starting an interview are:

- Each case and child is unique.
- Consideration must be given to any special needs or age related factors. (See Section "Interviewing Children with Disabilities")
- When possible, time the interview for that part of the day when the child is likely to be most alert. Ask the parent or guardian what time of day the child is most alert.
- When possible, choose interviewers according to the child's unique needs. Consider the circumstances of the allegations - if alleged abuse is by a male perpetrator, the child may respond more easily to a female team member. If the child is Aboriginal, they may respond easier to an Aboriginal team member.
- The information should come from the child - not the interviewer.
- Ensure that you use words and concepts that the child understands. Use language that is developmentally appropriate to the age/development of the child.
- Give the child permission to ask questions about anything the interviewer says that the child does not understand.
- Give the child permission to stop the interview at any time.
- Clarify with the child what she/he means by the use of a particular word or phrase and who they are talking about (for example, a child in a foster home may call the foster mother "Mom" as well as his/her own mother).
- Speak slowly and pause to allow the child to process what you have said. It is important to provide sufficient "wait time" between your question and the child's response.
- Allow the child to use his/her own language/terminology without correction. (Do not "teach" proper terminology.)
- Phrase questions in such a way that the child does not feel that he/she is being corrected or his/her credibility is in doubt.
- Questions that begin with "Why" may result in self-blame by the child and/or focuses attention on motivation for behaviour that often is not fully understood by children or most adults.
- Interrupting a child is disrespectful and may stop the conversation. At the same time, investigators may need to probe into a child's statements in a manner that encourages the child to talk in more detail. (Can you help me understand ? I'm mixed up can you tell me again about....?)

- *Avoid* multiple choice questions. They typically confuse a child, do not net information that can be used, and may undo an otherwise credible interview.
- Some children discuss events in great detail, much of which may appear to be irrelevant to the investigation. It has been found that often detail that may appear to be irrelevant turns out to be the basis of important information about the abuse. Detailed discussion by the child can also be indicative of the validity of their statement.
- Interviews should not overtax the child. Consider a two-part interview, with a sufficient break in between, if it appears the interview requires more than 1- 2 hours to complete.
- Conducting several interviews in one day may affect the quality of individual interviews. When there are several allegations about the same perpetrator, then several interviews should be used. Or, when there are several incidents with one victim, you may want to plan more than one interview.
- Parents, caregivers, and the child should be given information as to how to deal with pre and post interview anxiety, documenting behaviours, statements and actions of the child, the dangers of pressing for more information from the child, how to manage potential contact with the alleged offender and the contact names and numbers of those agencies that may help both the child and the parents through this process.
- Be patient.
- Communication with children is part art, part learned skill and part application of the principles of child development, human behaviour, and the dynamics of child abuse. Understanding what both parties are saying is critical to obtaining a credible statement.

Preparing for the Interview

Preparing for an interview includes gathering background information, selecting the person who will conduct the interview, and the setting in which to conduct the interview.

- 1) Interviewers: Decide who will take the lead role in the interview before starting the interview.
- 2) Planning questions: Investigators must make every effort to avoid asking questions that could be deemed as "leading" in the court hearing. Leading questions are questions that suggest the answer. The interviewer can prepare by planning the sequence of questioning and planning how to phrase questions. A general rule to follow regarding the sequencing of questions is to start with general questions and move to specific questions. Specific questions should be based only on the information provided by the child. (See **Page 11** for examples of leading and non-leading questions.)

Contamination of the statement and process may occur when discussing names and the nature of the allegation before the child has spoken about them. It is only after the child has provided the details that one can seek elaborate action.

It may be necessary in the interest of assessing child protection issues to ask the child questions that would be considered "leading". The decision to ask potentially leading questions should be made jointly by the police officer and social worker. If the interviewer has concerns about the child's susceptibility to suggestion, he/she may ask a few leading questions about irrelevant issues to which the interviewer knows the answer (e.g. "You came here by taxi, didn't you?") prior to starting the interview.

3) Setting:

If possible and when you know, conduct the interview in a location other than where the alleged abuse occurred.

- Reduce the risk of distraction during the interview (toys/ interview aids should be kept out of sight until needed).
- Comfortable furniture suited to the needs of a child (e.g. avoid furniture on wheels or furniture that is oversized, etc.).
- Keep video and audio recording equipment as unobtrusive as possible; however, any equipment used must be shown and explained to the child.

Interview

There are generally three phases to an interview: introductory, investigative, and conclusion. It is important to note that while the following outline provides a basic structure for an interview, the interviewer can maintain his/her own interviewing style.

1. Introductory Phase

- Start the video/audio tape, recording interview.
- The introductory phase is a time to establish rapport with the child. The interviewer begins to engage the child through creating an atmosphere of safety and security and to set the tone for the rest of the interview.
- Begin the interview by introducing the interviewer. Tell the child the reason for the interview. When talking with the child ensure that they understand why they are meeting with you and that they are not responsible for what happened to them.
- If the interview is being conducted in a neutral setting, the child could be told that this room is a special room where only the truth is told and he/she is not in trouble for talking to the investigators.
- This is also a time to begin to assess the developmental level of the child. Language, cognitive, and social developmental levels are of particular interest. Begin with non-threatening age-appropriate topics such as school interests, hobbies, or fun-time activities.

Note: When taping an interview, do not ask the child identifying information (child's name, address, name of school etc.) as this would identify the child to any person in the courtroom when the tape is played, including prospective offenders.

As part of this phase, the interviewer might ask the child to describe two specific past events.

These might be a description of a birthday party, recall of a Christmas celebration or a school outing. Although these events should be memorable in some fashion, they should be independent of any known abuse allegations. The purpose of this exercise is:

- To provide an opportunity to model the form of the interview for the child. As the child describes each event the interviewer encourages detailed recall by asking non-leading, open-ended questions, a pattern which will hold throughout the entire interview. It is more effective to introduce this pattern during the rapport building phase than when the child is describing the events of concern.
- To assess the amount and quality of details the child provides for a specific experience. This can be used as a baseline from which to further assess the amount and quality of detail in later recall of the abuse events.
- To establish rapport with the child by giving the interviewer an opportunity to show interest in the child's experiences.

Interview rules can be introduced at this point. Rules give the child a sense of what to expect. (For many children it would help to post these rules in the interview room.) For an example of interview rules see **Page 12**. You can show a copy to the child when age-appropriate. For young children a list of rules would likely be too confusing. Demonstrating or having a picture card of the rules can be more effective with the younger children.

The interviewer should raise the importance of telling the truth. This can be approached in a general manner (i.e.: "This is a place to tell the truth"). Determine if the child understands the difference between the truth and lies by asking questions like: "You have green hair. Is that the truth?" Do not use terms such as "pretend" or "make-believe" when interviewing younger children. For young children those terms could blur the distinction between telling the truth and talking about fantasy and detracts from the integrity of the interview.

2. Investigative Phase

The investigative phase is the segment of the interview whereby the actual information is gathered for a statement. It may be the most intense and time-consuming aspect of the interview. This phase starts with general open-ended questions, generally a few "who" and "what" questions. From these questions move to "where" followed by "when". Finish off with "how" questions.

If there has been more than one incident, this portion of the interview will establish a chronological order of the incidents. Once the interviewers have general information, they can delve into the specifics of each incident. It is suggested that you begin with the most recent incident before proceeding to others.

These guidelines will assist in conducting the interview:

- Go slowly and build trust carefully.
- Ensure that the child understands why you are interviewing him/her.
- Consider the child's perceptions of why you are there.
- It may be helpful to ask if there are any problems the child wishes to share.
- If the child raises the topic of secrets, discuss when it is and is not appropriate to tell and ask the child if he/she has any secrets.
- Children may ask if their perpetrator will go to jail because of the child's disclosure. If this comes up, you should let the child know that it is possible.
- Encourage the child to provide a free narrative account of the event(s) by asking the child to describe each event from the beginning telling everything that the child can remember (like they did when telling about the party etc.).
- Do not interrupt, correct, or challenge the child's report. Rather, make written or mental notes to recheck necessary points.
- Show understanding but not surprise. Bridge to next step by explaining that clarifying points will help you to understand more clearly.
- Remember this is a process rather than an event. Allow the child to proceed at his/her own pace. It may take more than one interview to get a statement from a child.
- Pauses in the narrative may be followed with gentle prompts ("Then what happened?" or "Tell me about that ...").
- If the allegations concern repeated abuse, try to determine the general pattern of abuse. Let the child describe the patterns as best she/he can. For some children this may mean describing specific incidents of abuse before talking about the general pattern. Asking the child about exceptions to the general pattern (whether the abuse occurred at different times, places etc.) can help fill in needed detail about the pattern of abuse.

- Often, the child will specifically remember departures from general patterns of abuse. If multiple incidents are alleged, the incidents should be labeled ("you said it happened in the kitchen? ... Let's call it the 'kitchen time' "). The child may take part in the labeling process. This is very useful for helping the child organize his/her recall and for ensuring that the interviewer can clarify which incident is being discussed at any given time.
- At some stage in the interview process it may be necessary to abandon the criminal investigation process (if the police determine that the child cannot provide enough information to substantiate a criminal code offence) and move into the area of assessing whether the child is in need of protection. This could mean using leading questions designed to determine the safety of the child.

Guidelines for framing questions

- Questions should be based only on the information provided by the child and should use the child's own terminology. Children may not use terminology in an informed way. Interviewers should clarify what the child means by certain terms.
- Questions must not be leading.
- Questions should be phrased in such a way that an inability to recall or a lack of knowledge is acceptable ("You said ..., do you remember anything more about that?").
- If the child finds it difficult to talk about certain aspects of the event, consider that this might indicate a lack of memory/knowledge. Suggest that the child use a signal (raise hand) to indicate when he or she knows something but is not ready to talk about it. The topic can be raised at a later point in the interview or at another time.
- If the child becomes distressed about a topic, shift the focus to aspects of the child's recall, which are less stressful. When the child has regained composure, attempt to return to the distressing topic. It may be necessary to shift back and forth to a difficult topic several times before the child is ready to discuss it. **Be patient.**

Specific questions help to clarify and probe into information already presented for more in depth statements.

- Ask the child to describe the context of an event ("Do you remember what you were doing before ...?", "Do you remember what the weather was like that day?", "Do you remember any smells?", "Did you hear any sounds?").
- Follow up on what may appear to be inconsistencies in the child's account. Probe in a gentle and non-threatening manner ("You said that he was touching your private parts and you said you had your clothes on. Can you tell me how that happened? Can you help me understand?").

- Investigate origins of language or knowledge, which appears to be inappropriate for a child of that age ("You said 'erection', do you remember where you learned this word? What does it mean?").
- When it appears that the child has exhausted his or her memory of the event, the interviewer may want to ask the child to give his or her recall of an event once again. It is important that the interviewer convey that the purpose of the repetition is to help understand the event more clearly rather than to question or discredit the child's report, *"I think I understand most of what you told me. Will you help me by telling me once again everything you remember about the time in the kitchen?"*.
- When videotaping the interview, the interviewer would excuse him/herself to confer with other team members who are not present in the room.
- In a non-videotaping situation, the interviewer can ask the recorder if he/she has any questions. The recorder will then move into the role of the active interviewer and can ask any questions which remain.

You may want to review what you have done to be assured that you have covered all the areas.

Recording of interviews

Videotaping should be used whenever possible. There are specific requirements to how videotaped interviews are conducted and are outlined in the Provincial Child Abuse Protocol section on Protocol for the Videotaping of Children's Evidence. Thus, it is recommended that the investigative team review the following sections prior to interviewing:

- "What should be on the Tape";
- "Monitoring the Interview"; and
- "Planning and Follow-up to the Videotaped Interview".

In those circumstances when an interview will not be videotaped, then the following guidelines should be followed:

- Interviewing in teams is preferred. When an investigative team is involved, either a social worker or police officer will take lead responsibility for conducting the interview.
- If possible, audiotape the interview from the beginning.
- The preferred option is to have both members of the investigation team present; one serving as active interviewer; the other as active recorder. The recorder takes notes of both significant developments during the interview and of questions to be pursued; but does not verbally participate until the active interviewer has finished. The active interviewer then

invites the recorder to present any additional questions to the child. This allows both agency mandates to be met and the professionals to support and assist each other. Sequential questioning (active interviewer first, recorder later) reduces the chance the child will be interrupted or confused.

- The active interviewer should sit facing or beside the child at a close but comfortable distance with no objects (e.g. tables) between the interviewer and child. The recorder should sit apart from the interviewer and child.
- The presence of other concerned adults (parents, school personnel, therapists, and guardians) may compromise the integrity of the interview and impede the child's open disclosure. If the child insists that another adult be present, this adult must sit out of the child's view and not participate in the interview.

3. Concluding the Interview

The manner in which the interview is closed is important. It affects how the child will deal with the experience and deal with the investigation.

- Thank the child for participating, regardless of any conclusions drawn by the interviewers.
- Explain to the child what will happen next in the investigative procedure. Do not make any promises about future developments, which cannot be kept, such as, "We will make sure this never happens again".
- Give the child every opportunity to ask questions and answer them all as accurately as possible.
- As part of closure reassure the child, provide ways that the child might contact the investigator (give him/her your card with your telephone number), encourage a relationship with the child protection worker, if appropriate and ensure the safety of the child.
- Explain to the child that sometimes abuse happens again. Tell him/her what they can do or whom they can talk to if this happens again.
- Talk to the caregiver immediately following the interview to prepare them for possible effects of doing an investigative interview such as nightmares or anxiety. The parent or caregiver should be told how to handle the possibility of their child saying that s/he did not tell the interviewer everything. Ask them to record observations about behaviour and statements made including circumstances in which made. Explain risks of pressing the child for more information.
- If, during this interview the child discloses abuse that happened to siblings, relatives, friends or others s/he may be required to attend another interview to gather witness information. This is a similar process but may be done at another time due to the length of the initial interview.

Interview Aids

In the past few years, the practice of using anatomically detailed dolls and other interview aids has come under close scrutiny and criticism. Interview aids can be very useful interview tools, but are not diagnostic tests for abuse. The effectiveness of these interview aids is dependent on the skills of the user.

Caution is advised if interview aids are used because it may be argued in court that a child may be susceptible to suggestion through the use of aids. Aids should only be used in exceptional circumstances when other approaches have not worked and it is necessary to obtain more detail about the abuse.

The following guidelines will help in the proper use of interview aids:

- For investigative purposes, if a child has sufficiently described an allegation but is having difficulty describing the details, you may want to use an interview aid such as drawings or anatomically detailed dolls.
- Explain the nature of the dolls and that they are not for play. Start the session by presenting the dolls fully clothed and allow the child to remove the clothes.
- Dolls, drawings, puppets, toys, etc. may be considered with very young or non-verbal children and children with limited language, developmental disorders and/or emotional problems.
- Aids should not be presented as part of unstructured play activity.

Non-Leading Interview Techniques

The following material on Non-Leading Interview Techniques was presented by Sgt. I.W.T. (Wayne) Roberts of the Royal Canadian Mounted Police at a Child Abuse Investigators Course on February 4, 1997 in Regina, Saskatchewan. It is reproduced in this document with Sgt. Roberts' permission.

The most effective method of eliciting valid information from a child is to allow the child the opportunity to tell if anything has happened and what has happened.

Therefore, the discussion with the child, which will include questions, must not provide information to the child or contain any assumptions made by the interviewers.

Instructions

The following are examples of leading questions. Rephrase these questions into a non-leading style:

- 1) These questions contain the answers:

Leading

Were you at his house?

Was your Mom there?

Did he tell you not to tell anyone?

Non-leading

Where were you?

Who was there?

What was said? Tell me about the conversation.

- 2) These questions contain a choice of answers:

Leading

Was he wearing pants or shorts?

Did he ask you or make you do it?

Did this scare you or make you angry?

Were you in the bedroom or the livingroom?

Non-leading

What was he wearing?

What happened?

How did you feel?

Where were you?

- 3) These questions name the suspected offender before the child has identified the person:

Leading

We've been told you have a problem with your childcare worker.

Where did your counsellor touch you?

Did your babysitter tell you to keep this a secret?

Non-leading

We've been told you have a problem with someone.

Were you touched? Where were you touched?

Tell me about the conversation. Tell me more about that....

- 4) These questions contain explicit details of the alleged offence:

Leading

Did he make you rub his penis up and down?

Did white stuff come out of his penis?

How did he hurt you with his hand?

Non-leading

What happened?

What did you see?

*What happened next?
Then what happened?*

- 5) These questions contain the interviewer's assumptions:

Leading

We need to ask some questions about what happened to you.

What kind of car did you go in?

Tell me about your Mom's house.

You told your Mom and your teacher?

Do other children know about this?

Non-leading

We need to ask you some questions/talk to you...

How did you go?

Tell me about the house.

Who did you tell?

Does anyone else know this?

Leading questions could be asked as long as the information has already been given to you by the child, i.e. if child tells you that the offender was wearing pants, then the interviewer could ask about the pants (Tell me about his pants.).

Interview Rules

1. If I misunderstand something you say, please tell me. I want to know. I want to get it right.
2. If you don't understand something that I say, please tell me and I will try again.
3. If you feel uncomfortable at any time, please tell me or show the stop sign (a stop sign should be provided).
4. Even if you think I already know something, please tell me anyway.
5. If you are not sure about an answer, please do not guess, tell me you're not sure before you say it.
6. Please remember when you are describing something to me that I was not there when it happened. The more you can tell me about what happened, the more I will understand what happened.
7. Please remember that I will not get angry or upset with you.
8. Only talk about things that are true and really happened.

Only utilize as many ground-rules as the child is able to process cognitively. Young children may become preoccupied with remembering the rules and become blocked from proceeding with the interview. All children must be considered within their developmental context when assessing which ground-rules will be most relevant to them. Credibility in court will also depend to some degree on the child's understanding of the ground-rules.

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Provincial Child Abuse Protocol - D:

**Interviewing Children and Youth With Disabilities
and Conditions Affecting Communication**

Provincial Child Abuse Protocol - D: Interviewing Children and Youth With Disabilities and Conditions Affecting Communication

Police and Social Services personnel may also be required to interview children and youth with disabilities and medical conditions. Significant difficulties in communication are demonstrated by children and youth with disabilities, including those who are deaf and hard of hearing, and those with intellectual disabilities, autism, speech and language disorders, and learning disabilities.

There are also children or youth with physical or mental conditions which may affect their ability to communicate. These include diabetes, epilepsy, depression, schizophrenia, psychosis, anxiety disorder, and substance abuse.

Interviewing a child or youth with a disability or condition may pose a problem for the interview team. Information on specific disabilities and conditions, and suggestions for conducting interviews are provided in the following two sections:

1. General Guidelines
2. Characteristics Associated with Specific Disabilities and Conditions
 - *Intellectual Disability*
 - *Autism*
 - *Attention Deficit/Hyperactivity Disorder (ADHD)*
 - *Fetal Alcohol Syndrome (FAS)*
 - *Learning Disability*
 - *Deaf and Hard of Hearing*
 - *Visual Impairment*
 - *Diabetes*
 - *Epilepsy*
 - *Mental Disorders*

General Guidelines

- Identify the disability or condition (i.e. hearing impairment, comprehension level, speech impairment, physical disability)
- When preparing for the interview, consult with the adults in the child's world who understand the nature of his/her disability and are familiar with how the child communicates. Teachers and other professionals or paraprofessionals have experience in communicating with the child, and are an invaluable resource to the interview team. This may include speech/language pathologists, educational psychologists, counselors, teacher assistants, clinical psychologists, social workers, nurses, child and adolescent psychiatrists, pediatricians, and alcohol and drug counsellors.

- In some situations, depending on the level of development of the child, a standard interview may not be successful. In other situations, it may be possible to proceed with the normal interview protocol, adapting it to the level of understanding of the individual. Familiar adults, such as the teacher or speech and language pathologist may be able to help in making appropriate adaptations. Be prepared to take extra time as needed.
- Remember to use vocabulary and sentences that are at the individual's level of cognitive and language development. It may be helpful to ask a few non-critical sample questions to determine how simple or complex the questions can be.
- Ask one question at a time, and avoid lengthy complex questions.
- Speak slowly and pause to allow the child to process what you have said. It will often take the child with a disability longer to process the question, formulate and express his/her answer. It is important to provide sufficient "wait time" between your question and the child's response.
- It may be helpful to repeat questions in simpler forms, as the child may have problems processing complex questions and sentences.
- Some children, such as those with autism and FAS may be very literal in their interpretation of speech. It is best to avoid words with double meanings, and to use clear concrete vocabulary.
- Some children may have difficulty with verb tenses. For example, using the present tense to describe a past event.
- The child may experience difficulty with the concept of time, such as the concept of before and after, and being able to sequence events. The child may not be able to accurately define when something happened. It may be helpful to link events with major activities in the child's life, school events, or routines such as mealtimes.
- Some children, such as those with ADHD, FAS and autism, may have difficulty remaining on task and attending for long periods of time. It may be necessary to allow time for the child to take a break from the interview to do other things.
- The use of visual prompts and gestures may help the child to understand. This is particularly helpful with children who are deaf or hard of hearing and autistic children. It is also frequently helpful for children with FAS, ADHD and intellectual disabilities.

Characteristics Associated with Specific Disabilities and Conditions

All disabilities and conditions range in severity from mild to moderate to severe, and each child presents with his/her unique personality and patterns of strengths and needs. However, the following general information is provided to assist the interviewers in understanding the child's disability or condition, and the learning and behavioural characteristics which may impact on the interview situations.

Intellectual Disability

A person with an intellectual disability generally tends to learn more slowly, and can have limited ability to learn. This disability may cause difficulty in coping with the demands of daily life. Frequently children and youth with intellectual disabilities have speech deficits and their language level is considerably below the level of same age peers. Consequently, they may have difficulty understanding and responding to complex questions.

It is important to note that there is a great range of abilities among people who have been identified as having an intellectual disability. Those children with severe intellectual disabilities may have very limited or no speech. Others with a mild intellectual disability may be able to carry on a conversation, but demonstrate difficulty with recalling details and sequencing events. Adults who are familiar with the child can provide specific information on communication and cognitive abilities.

In addition to the *General Guidelines*, the following suggestions can aid in the interview process:

- determine whether the person requires assistance with communication, and whether they are using an alternative or augmentative communication system.
- deal with one issue at a time, and be as concrete as possible in your conversation.
- while it may be necessary to use plain language and speak slowly and clearly, it is important to treat older students and adults in an age-appropriate manner.
- give the individual time to respond.
- be prepared that the interview process may require additional time and patience.

Autism

Autism may be characterized by the following observable behaviours:

- There may be a range of difficulties in expression as well as understanding of language. The teacher, teacher assistant, or speech and language pathologist will be able to provide information on whether or not the child is using visual supports in communicating, and to describe how they are used.
- Up to 50% of people with autism do not develop functional speech. Those who do may have difficulty carrying on a conversation, and their speech may have unusual qualities such as a monotone or lilting quality, or a distinct repetitive rhythm.

- Some individuals may be echolalic; that is, they may repeat what is said to them. Sometimes this repetition occurs immediately after the model, and sometimes it is delayed. For example, some individuals may repeat a statement that was said to them in a specific situation.
- Difficulties with social interaction are demonstrated by all individuals with autism. Some may be very withdrawn, while others may be overly active and approach others in peculiar ways. There may be little or no eye contact.
- There are frequently different responses to sensory stimuli. Some children are extremely sensitive to specific sensory experiences, such as touch, sound, or smell.
- Unusual repetitive behaviours such as hand flapping, rocking, or spinning are common.
- There are frequently problems with attention and resistance to change. A child with autism may have difficulty adjusting to new settings and new people. It is helpful to conduct interviews in familiar settings, and may be necessary to see the child 2- 3 times to establish some familiarity.

Attention Deficit/Hyperactivity Disorder

ADHD is a syndrome, or set of symptoms which includes inattention and hyperactivity/impulsivity as demonstrated in the following behaviours:

- difficulties with paying attention to details
- difficulty with sustaining attention
- often does not seem to listen when spoken to
- has difficulties organizing him/herself
- often loses things
- is easily distracted, and often forgetful in daily activities
- often fidgety, may leave seat or room
- often talks excessively
- often blurts out answers before questions are completed and may interrupt or intrude on others.

Fetal Alcohol Syndrome

FAS can affect overall intellectual development, social judgement and attention. Some of the characteristics which may impact on the interviewing process are:

- problems with gaps and inconsistencies in understanding, sequencing and processing information.
- the individual may have a limited attention span and/or may be easily distracted and impulsive. It is estimated that 80% of children with FAS demonstrate hyperactivity.
- there may be difficulties with memory and recalling information in a specific order.
- problems with clarity of speech.
- problems with comprehension of speech and language. The individual may need extra time to process information, and may need repetition.
- there may be hearing deficits.
- the child/youth may be over or under sensitive to light, sound, touch, smell and taste. Sometime the child/youth may act out if they are experiencing "sensory overload".

Learning Disability

Children and youth with learning disabilities may present with a wide range of characteristics:

- the disability may affect performance in academic areas such as reading and mathematics.
- there may be problems with visual or auditory perception, concept formation, memory, and/or behavioural difficulties.
- some children with learning disabilities also present with difficulties with attending, similar to those with ADHD.
- it is estimated that up to 50% of children with learning disabilities have difficulty with oral language.

Deaf and Hard of Hearing

The single most overwhelming issue for children who are deaf and hard of hearing is communication. Some children are oral; that is, they utilize whatever hearing they have to listen and to communicate through speech. Children with severe to profound hearing loss may use manual communication or sign language.

Whether a student has an interpreter, a hearing aid, or uses total communication, communication is very hard work. It requires a great deal of concentration, and the child may become very tired. Small breaks may be necessary depending on the length of the interview.

In addition to the *General Guidelines*, the following information is important in conducting the interview.

- Keep your mouth at the student's eye level, and try to remain in one position as much as possible when speaking. Walking around the room will make it more difficult for the child.
- Look at the child or youth when speaking.
- Be sure that lighting is appropriate so that the child can see your face and the movement of your lips.
- Speak clearly at a reduced rate without exaggerating your lip movements.
- Be sure that the child who wears a hearing aid has it turned on.
- If the student uses an interpreter, the interviewer can consult with the teacher or principal to determine who would be the best interpreter for the situation. Interpreter services can also be accessed through Saskatchewan Deaf and Hard of Hearing Services Inc.
- When speaking, look at the child/youth, not the interpreter.
- Allow extra time for the interpreter to transfer your complete message and for the student to form answers.
- Permit the interpreter to ask for clarification or repetition of information.
- Speak clearly in normal tones, rate, and volume.

Visual Impairment

Legal blindness is defined as a distance acuity of 20/200 or less in the better eye, or having no usable vision, or a field of vision reduced to an angle of 20 degrees. Visual acuity of 20/200 means that the person must stand at twenty feet or less to see an object which would normally be seen at two hundred feet. Total blindness, the inability to see anything, is uncommon.

The following special considerations can assist in preparing for and conducting the interview:

- The child or youth will need to be oriented to the room in which the interview will take place. It is best if a familiar location is used.
- It is best to have someone who is familiar to the child escort him/her to the interview.
- Inform the child about the general layout of the room and about other details, such as the presence of a tape recorder.
- Allow the child to explore the interview room if it unfamiliar to them, provide verbal descriptions as needed, and guide them to where they should sit.
- The child/youth should know who everyone in the room is, and who comes or goes during the interview. The interviewer can make contact with the child by voice and by touch, such as a handshake.
- For a child or youth who is blind, remembering places, events, and activities will have a physical component. They may describe events in a physical manner, according to what their other senses perceived.
- The child may demonstrate different body language than what is expected. For example, exaggerated movements may occur, facial expressions may be different than expected. It is important to note that these characteristics may be associated with the visual impairment and the lack of opportunity to see and model facial expressions.

Diabetes

Diabetes may affect an individual's response within the interview situation. The following behaviors and reactions may be an indication of low blood sugar:

- cold, clammy sweaty
- trembling, shaking of hands
- confused or disoriented
- irritability, hostility
- uncoordinated, staggering gait
- difficulty speaking
- eventual fainting or unconsciousness, if untreated

Epilepsy

The child or youth with epilepsy that is not well controlled may have lapses in attention. In some situations, the seizure may not be obvious and may appear as daydreaming or staring spells.

Mental Disorders

Depression

The child or youth with depression may be relatively unresponsive, lacking in energy or motivation, cautious or withdrawn.

Schizophrenia

The child or youth with schizophrenia may have difficulty concentrating or paying attention, disordered thoughts and hallucinations, and may be unmotivated.

Psychosis

The child with a psychosis may demonstrate similar difficulties to the child or youth with schizophrenia.

Anxiety Disorders

The child or youth with an anxiety disorder may have difficulty concentrating and may be preoccupied or distracted by their own thoughts or physiological experiences (manifestations of their anxiety).

Alcohol and Drug Use/Abuse

The child or youth who uses or abuses alcohol or drugs may demonstrate difficulty concentrating, irritability, impatience, lack of motivation, lack of energy, or hallucinations.

***Note:** Although individuals with a specific disability or condition may share some common features, no two individuals are the same. The common characteristics help to understand the general needs associated with a disability or condition, but it is important to acquire information on the specific needs, abilities and personality of each child or youth.*

Resources and Services for Persons with Disabilities and Conditions Affecting Communication

When preparing for an interview, specific information on the child's disability or condition can be acquired through discussions with teachers and personnel involved with the child. In addition, physicians from Departments of Pediatrics and Child Psychiatry in local urban hospitals can provide information on medical and mental health conditions. Finally, additional general information on the disability or condition may be obtained from the following community agencies and services.

Saskatchewan Association for Community Living

Regina

405 2631 28th Avenue

Regina S4S 6X3

Phone: 586-7988

Fax: 586-7899

Head Office

3031 Louise Street

Saskatoon S7J 3L1

Phone: 955-3344

Fax: 373-3070

- Provides information, services, and advocacy for persons with intellectual disabilities.

Alvin Buckwold Child Development Program

Kinsmen Children's Centre

1319 Colony Street

Saskatoon S7N 2Z1

Phone: 655-1070

- Information, assessment and intervention for children with intellectual disabilities, autism, fetal alcohol syndrome, physical, and multiple disabilities.

Autism Resource Centre

Box 4751

Regina S4P 3Y4

Phone: 569-0858

Saskatoon Society for Autism Inc.

Suite 201 Hanselman Court

Saskatoon S7L 6A8

Phone: 665-7013

Saskatchewan Institute for the Prevention of Handicaps

1319 Colony Street

Saskatoon S7N 2Z1

Phone: 655-2512

Fax: 655-2511

email: skiph@sk.sympatico.ca

- Provides information on numerous handicapping conditions, including Fetal Alcohol Syndrome, in addition to its mandate to raise awareness of preventive measures to reduce incidence of handicapping conditions in children.

Learning Disabilities Association of Saskatchewan

Albert Community Centre

26 - 610 Clarence Avenue South

Saskatoon S7H 2E2

Phone: 652-4114

Fax: 652-3220

Regina Chapter

Box 826

Regina S4P 3B1

Phone: 352-5327

Saskatchewan Deaf and Hard of Hearing Services Inc.Saskatoon301 115 2nd Avenue North

Saskatoon S7K 2B1

Phone/TTY: 665-6575

Toll Free: 1-800-667-6575

Fax: 665-7746

Internet: sdhhs@sk.sympatico.ca

Regina

2341 Broad Street

Regina S4P 1Y9

Phone/TTY: 352-3323

Toll Free: 1-800-565-3323

Fax: 757-3252

- Provides communications services, such as sign language and oral interpretation.

Canadian Hard of Hearing Association

2341 Broad Street

Regina S4P 1Y9

Phone: 352-3323

Canadian National Institute for the BlindSaskatoon

1705 McKercher Drive

Saskatoon S7H 5N6

Phone: 374-4545

Fax: 955-6224

Regina

2550 Broad Street

Regina S4P 3Z4

Phone: 525-2571

Fax: 565-3300

Canadian Paraplegic Association (Saskatchewan) Inc.Head Office

3 - 3012 Louise Street

Saskatoon S7J 3L8

Phone: 652-9644

Fax: 652-2957

Regina

209 4401 Albert Street

Regina S4S 6B6

Phone: 584-0101

Fax: 584-0108

Saskatchewan Abilities CouncilProvincial Services Office

2310 Louise Avenue

Saskatoon S7J 2C7

Phone: 374-4448

Fax: 373-2665

Regina

825 McDonald Street

Regina S4N 2X5

Phone: 569-9048

Fax: 352-3717

Wascana Rehabilitation Centre2180 23rd Avenue

Regina S4S 0A5

Phone: 766-5100

Saskatchewan Education Special Education UnitCentral Office

2220 College Avenue

Regina S4P 3V7

Phone: 787-1183 Fax: 787-2223

Child and Youth Mental Health Services

Child and Youth Services, Estevan Mental Health Clinic, South East Health District

St. Joseph's Hospital

Box 5000

1176 Nicholson Road

Estevan S4A 2V6

Phone: 637-3610 Fax: 634-2015

Child and Youth Services, Moose Jaw Mental Health Centre, Moose Jaw/Thunder Creek Health District

Moose Jaw Union Hospital, 455 Fairford Street East

Moose Jaw S6H 1H3

Phone: 691-6464 Fax: 691-6461

Child and Youth Services, Regina Health District

1601 College Avenue

Regina S4P 1B8

Phone: 766-7400 Fax: 766-7888

Child and Youth Services, Swift Current Mental Health Clinic, Swift Current Health District

350 Cheadle Street West

Swift Current S9H 4G3

Phone: 778-5250 Fax: 778-5428

Child and Youth Services, Weyburn Mental Health, South Central Health District

Box 2003

Weyburn S4H 2Z9

Phone: 842-8665 Fax: 842-8690

Child and Youth Services, Yorkton Mental Health Centre, East Central Health District

270 Bradbrooke Drive

Yorkton S3N 2K6

Phone: 786-0558 Fax: 786-0540

Child and Youth Services, Mental Health Services, Saskatoon Health District

MacNeill Clinic

912 Idylwyld Drive North

Saskatoon S7L 0Z6

Phone: 655-4060 Fax: 655-4099

Child and Youth Services, Battlefords Mental Health Centre

1002 - 107th Street

North Battleford S9A 3Z6

Phone: 446-6500 Fax: 446-7644

Child and Youth Services, Prince Albert Mental Health Centre, Prince Albert Health District
Victoria Square, 2345 - 10th Avenue West
Prince Albert S6V 6G1
Phone: 953-3855 Fax: 953-3889

Child and Youth Services, Nipawin Mental Health, North-East Health District
210 - 2nd Street West
Nipawin S0E 1E3
Phone: 862-0760 Fax: 862-2277

Alcohol and Drug Services

La Ronge Addiction Services Office
Northern Health Services Branch
Box 5000
La Ronge S0J 1L0
Phone: 425-4359 Fax: 425-3093

Addiction Services, North Central Health District
Box 1480
Melfort S0E 1A0
Phone: 752-8747 Fax: 752-6204

Addiction Services, Moose Jaw/Thunder Creek Health District
205 - 110 Ominica Street West
Moose Jaw S6H 6V2
Phone: 691-6495 Fax: 694-3609

Addictions Services, Battlefords Health District
1092 - 107th Street
North Battleford S9A 1Z1
Phone: 446-6440 Fax: 446-7431

Addictions Services, Prince Albert Health District
101 - 105th Street East
Prince Albert S6V 1G1
Phone: 953-5670 Fax: 953-2200

Regina Alcohol and Drug Services
2110 Hamilton Street
Regina S4P 2E3
Phone: 766-7921 Fax: 776-7909

Addiction Services, Saskatoon Health District

122 - 3rd Avenue North, 8th Floor

Saskatoon S7K 2H6

Phone: 655-4110 Fax: 655-4115

Addiction Services, South Central Health District

Box 2003

Weyburn S4H 2Z9

Phone: 842-8693 Fax: 842-2835

Addiction Services, East Central Health District

Broadcast Place, 120 Smith Street East

Yorkton S3N 3Y3

Phone: 786-0520 Fax: 786-1449

Provincial Child Abuse Protocol - E:

Videotaping of Children's Evidence



Provincial Child Abuse Protocol - E: Videotaping of Children's Evidence

Purpose

Courts in Canada have articulated a preference for video or audio taped statement evidence. This evidence is seen as an inherently reliable record of the interview process. A videotape allows the viewer the opportunity to observe the demeanor and behaviour of a witness and of the interviewer in a way that gives particular meaning to the words spoken.

This section of the protocol is designed to deal with the videotaping, production and security of taped interviews of children's evidence. In particular, reference should be made to the portions of the protocol dealing with investigation and interviewing when planning and executing a videotaped interview of a child's evidence.

This section of the protocol is intended to promote consistency of videotaped interviews from interviewer to interviewer and from site to site. Guidelines have been included as to how videotapes will be made, maintained and used. However this section does not include complete procedures involved in videotaping.

Although specifically targeted to the videotaping of children's evidence, much of the information contained within it can readily be adapted to the video-taping of dependent or vulnerable witnesses of any age. Some of what is contained in this protocol is referable to the videotaping of suspect or offender interviews.

What use can be made of videotaped evidence

As evidence of what happened:

The *Criminal Code* has been amended to permit a videotaped interview of a child sexual assault complainant to be entered in evidence in a criminal trial, if the videotape was made within a reasonable time after the alleged offence and if it is later adopted by the complainant.

Case law has been developed which would permit the introduction of videotaped evidence as an exception to the hearsay rule of evidence in exceptional cases.

Before a videotape can be admitted into evidence it must meet the requirements of relevance, reliability and necessity. Before its admission the court will seek, as with all physical evidence, to have the continuity of the evidence established. This is to ensure the evidence has not been altered or tampered with in advance of the trial. The court will also require evidence as to its making. That is the court will want to know what happened before, during and after the videotaping.

When complied with, this protocol should ensure the admissibility of videotaped evidence in appropriate cases.

Other uses:

Regardless of whether the videotape is ultimately admissible as evidence in a subsequent criminal proceeding, videotaping a child's evidence has several advantages:

- The videotape becomes available to others involved in the investigation and prosecution of the allegation. It is a reliable record for the investigative team. Its utility as a record does not diminish over time and is not dependent upon the recollection of the investigator. Consequently the child does not need to be repeatedly interviewed. This reduces the trauma the child may experience during the course of the investigation and prosecution.
- The videotape can be a useful investigative tool. It can be shown to the perpetrator in an effort to elicit acceptance of responsibility for actions pre or post charge.
- It can be shown to the child in preparation for court.

What to videotape

Consideration should be given to videotaping any and all verbal/demonstrable statements elicited from a child during the investigation of a criminal complaint. The decision to videotape is left to the discretion of the police and child protection worker. In exercising this discretion they will be guided by the following principle:

Videotaping is an effective way of reducing investigative trauma to an already traumatized child. Consequently it is the preferred method of recording the evidence of children and other vulnerable witnesses.

Children's evidence should be videotaped whenever possible. To facilitate this there are appropriately designed softrooms with videotape capacity throughout the province. These facilities must be booked in advance by police.

In some cases the urgency of the investigation, the medical needs of the child or the personal circumstances of the child will result in a decision not to videotape the child's evidence. In such cases the investigative team will record its reasons for not videotaping the statement taken. The interviewer will, wherever possible, audiotape interviews which are not videotaped. A detailed record of what transpired during the interview will be kept by the interviewer and the investigative team. That record will include, but not be limited to, the time, date and place of the interview, the duration of the interview, who was present during the interview, the precise questions asked of the child, the precise answers supplied by the child and interview aids used during the interview if any.

Interview Room: Design and Structure

Standards for Softrooms:

The room should be an environment in which the optimal conditions for videotaping are produced. It should strike a balance between a non-threatening room which will encourage disclosure and a room that will not present distractions for the child. It is necessary that the child feel relaxed and comfortable and not intimidated by austere, clinical or sterile surroundings. However, it is also important that the child not be distracted and that the child understand that the purpose in coming to the room is to talk about the incident.

The furniture should be comfortable and functional. It should be able to be moved to accommodate the child's needs and interests.

There should be no distractions (like toys) or interview aids kept in the interview room. Any aids like anatomically detailed dolls, paper, pens, easels and the like should be brought to the room by the interviewer when the interviewer has determined that they are appropriately used.

The interview room should not contain a window or one-way glass, as they are too distracting. Viewing of the interview should be in a separate monitoring room immediately off the taping room. The monitor room should be equipped with videotape monitors and sufficiently soundproofed that any feedback or audio echo does not present a problem to the interview.

The camera and microphone will be located in interview rooms so that they will not be obtrusive or distracting for the subject.

Access to the interview room will be limited. Ideally, there should only be two people present in the interview room: the interviewer and the child. Access to the rooms by the public will be limited by posting signs advising people away from the interview room or by locking access doors. Access to the camera equipment and to the monitor room will be limited to those validly monitoring an interview or skilled technical staff.

The following standards are suggested:

monitor room

- size of room can vary, but should allow room for monitor, recording equipment and two or three persons.
- ideally the room should be close to the interview room, but can be situated anywhere where you can lead cable to.
- should have a locking door to protect equipment and provide privacy when monitoring an interview.

interview room

- should be about 10' x 12'
- located away from the general office, high traffic and high noise areas to eliminate distractions and interference. Children should not have to travel through the entire office to get to the interview room.
- lighting should be sufficiently bright to clearly light the room and provide for video recording. Florescent lighting can cause a colour camera to give a green or off-colour effect, resulting in poor picture quality.
- the acoustics of the room need to be considered to prevent echoes or a box-like sound being picked up. This can usually be eliminated with acoustic roof tile, hanging a curtain on a wall and carpeting on the floor.
- there should be only one entrance to the room.
- walls should be painted in softer neutral colours. If used, wallpaper should have neutral colours with no patterns.
- if a window is in the room it should have a Venetian blind/curtains.
- no closets.
- no painting, posters etc. on the walls.
- carpet should be in a complementary neutral colour, and a low pile type that allows for easy movement of chairs, children playing etc.

Furniture

- any couch chosen should be a smaller size (loveseat). It should be easy for a child to get in and out of. It should not be a big soft cushion type.
- choose soft colours and avoid bold patterns or designs in upholstery.
- if a coffee table is placed in the room it should be a low style circular table (20" high, 36" diameter) to allow for easy placing of chairs around and less chance of injuries on sharp corners by children.
- end tables, pole lamps and table lamps can be used but not to excess as the room becomes cluttered. Be cautious about using halogen lights and they can burn small hands.

Camera/microphone

- Audio and video equipment should be of industrial grade. It has been field proven to be far superior in wear and quality of product. It is also easier to repair and maintain. Suppliers of parts for this type of VCR, Camera and Monitor are readily available unlike consumer grade equipment. It is worth the money to purchase better quality recording equipment which will allow for better picture and sound. Technicians can work with and enhance the quality of a video done on top quality equipment. Recording should be done in the VHS format.
- The camera should be overtly mounted at a lower level to allow better viewing of small children.
- Camera should show entrance to room to show who enters the room during the interview.
- Camera should have time date and continuous counter capacity.
- There are two types of video to choose from. The one camera and two camera version. The two-camera version is a picture in picture and allows for a close up of the child and a simultaneous view of the room at the same time. Either type of video is adequate.
- Videotape selection is important. There are different qualities. A couple of suggested brands are TDK or Sony. Avoid Kodak or no-name brand tapes.
- Proper storage of videotapes is important to prevent damage and extend their lifespan. Tapes should be stored in an upright position at normal room temperature. They should be kept away from sources of heat or electrical current. They should not be kept on or in the VCR for any length of time.
- Microphones should be mounted on the wall to enable good sound quality. A table-mounted microphone tends to pick up other noises.
- A body pack microphone should also be available to place on the person being interviewed, especially a child. Children often will talk down into their chests, or speak quietly and these microphones will pick their voice up.
- More specific equipment specifications are available from Sgt. A.E. (Gus) Schmid, RCMP Special "I" Division, 1721 8th Street East, Saskatoon, Sask. S7H 0T4, (306) 975-5677.

What should be on the videotape?

The videotape should accurately record what transpired during the interview with the child. It should therefore show as much of the interview room as possible. It should show all entrances and exits from the room so that we may know who is in the room at all times.

During the interview only the interviewer and the child should be present in the room. Both of them should be plainly visible on the videotape. The videotape must record their facial and bodily expressions as well as any sounds they may make.

The presence of a second interviewer, or child or of a support person or parent is strongly discouraged. In some cases, for example where an interpreter or translator is required to assist the interviewer, a third person may need to be present. That person must be instructed not to coach, assist or lead the child in providing their evidence. In those rare cases where a third person is present, their facial and body expressions must be clearly visible at all times on the videotape.

The videotape should have a time/date display or other method of determining whether taping was disrupted [like a large clock in the background].

Remember the accused and his counsel will likely view the videotape. Sometimes the videotape may be played in open court. Consequently, while we recognize the need for rapport building with the child, some things should never be recorded on the videotape:

- ***Never Record Identifying Information About The Child*** like their address, phone number, school, grade and teacher, day-care address and name. Respect these children's privacy. The accused or other's attending court proceedings can obtain information about the child that might not otherwise be available to them. If a written statement were taken, the prosecutor's office would edit that identifying information out before providing the statement to the accused. It is very difficult to do that with a videotape.
- ***Never Record Their Sexual History*** with persons other than the suspect or suspects. This is particularly so with sexually active adolescents. The fact that they may or may not be sexually active is generally irrelevant to the investigation. Once elicited, this information can become the subject of defence motions and inquiries into the child's private life that can be very embarrassing and damaging to the self-esteem of the child.
- ***Do Not Ask The Child Their Opinions About:***
 - *the content or reliability of medical or other evidence*
 - *what should happen to the suspect*

At best this information is irrelevant to the investigation.

Monitoring the interview

All of the softrooms in the province have been designed to allow monitoring of the interview in a separate room. It is recommended that in all cases where a videotape is being made of a child's evidence that the interview be monitored by members of the investigative team. Monitoring is different than providing technical support to the videotaping process. In fact those monitoring the interview must be clearly instructed to **not touch the recording equipment** unless they are a designated and trained technicians.

Those monitoring the interview must pay close attention to the interview in progress and take detailed notes of the interview. Those notes may be required to supplement or explain any subsequently identified technical or other difficulties with the videotape. They are there to assist the interviewer in conducting a comprehensive and sensitive interview with the child. In performing that function they may be required to interact with the person conducting the interview.

In very few locations throughout the province it is possible for those monitoring the interview to communicate with the interviewer by speaking directly to him, via an ear microphone, while an interview is occurring. Where such an opportunity exists, those monitoring should be careful to interject comments when they will be least disruptive to the flow of the interviewing process. Comments should be limited. Many comments can be reserved to the time when the interviewer breaks to consult with the other members of the team. Detailed analysis, criticism or suggestions should be held back until there can be a face to face debriefing with the interviewer.

Generally, during every interview the interviewer should break to consult with those monitoring the interview. The purpose of the consultation is to ensure that the interviewer has elicited all relevant information from the child. Generally this will occur near the completion of the interview. The interviewer should advise the child that he is leaving the room to speak with his helpers and that he will be right back. Upon returning he should tell the child that he has talked to his helpers and they have reminded him that he forgot to ask...., or suggested that he might want check to make sure about...., or that we have done a good job of describing what happened and so I have no more questions for you.

Persons who are not members of the investigative team should not be allowed to monitor the interview or be present during the interview of the child. Most commonly the caregiver of the child will ask to be present. At this point in time the investigator is likely not fully aware of the circumstances of the allegation (if they are, one wonder's why the interview is necessary). The presence of a caregiver during the interview may taint the evidence given by the child or may cause the child to withhold or colour evidence to protect himself or the caregiver. The interviewer does not know at this time whether the caregiver is an offender and consequently permitting them to participate in the interview may expose the child to increased risk.

If a parent or caretaker is permitted to monitor or be present during the interview they must be carefully instructed as to permissible behaviour. They may also need to be warned that anything they say or do during the course of the interview may be used against them in subsequent proceedings.

To avoid these difficulties it is suggested that at the time the child is being interviewed the caretaker be given some tasks. They should be asked to provide a detailed statement of all the events leading up to their bringing the child in for an interview. The statement should include the details of any conversations they have had with the child about the incident or about the purpose of the child attending for an interview. They should also be asked to provide detailed biographical information on the child; that is, their date of birth, their family status, their current age, where they attend school, their grade, their teacher's name, favourite pastime, things they fear, favourite toy or clothing, doctor's name, counsellors name, special needs, parents' names and addresses, siblings' names, friends, babysitters, day-care workers, extracurricular activities, any observed behaviour changes: specify what, when occurred, how often, how severe...., who to contact to arrange interviews or court preparation. If it has not already occurred, the investigator should provide the caretaker with the name and phone number of the key investigative team members, a number to contact for information throughout the proceedings and the name and number of victim assistance personnel.

Planning and follow-up to the videotaped interview

As with all interviews of children the investigative team should meet in advance of the interview and plan it. The primary interviewer and monitors should be identified. Any special needs the child has should be identified and prepared for. If special equipment will be required to elicit the statement from the child it should be arranged for. If interview aids will be used, the interviewer should take steps to ensure that their use will be plainly visible and comprehensible on the videotape.

Arrangements should be made to book the interview room at a time that is convenient to all parties. When booking, be sensitive to the schedule and needs of the child. Do not interview during normal nap or meal times. Do not schedule an interview which conflicts with the child's school, activity or social schedule.

Arrange to have the child transported to and from the interview site. Provide instructions to the person transporting the child about the requirement to record what transpires during those times. Arrange and communicate what you expect the person transporting the child and/or other support persons or family members who accompany the child during the interview to do during the interview.

Arrange to greet the child upon arrival at the interview site. Generally speaking the child should be advised that they will be videotaped. Often these children will view a copy of the videotape at a subsequent point in the proceedings.

It is best if all of the interaction with the child is on videotape. There must be no pre-tape interview with the child.

Each interview conducted should be recorded on a separate videotape.

Once the interview is completed the interviewer should review the videotape and make notes. The purpose of this exercise is twofold: first, it enables the interviewer to determine whether the videotape accurately records the interview, at a time when the interview is fresh in the mind of the interviewer. Secondly, it enables the interviewer to, with some degree of accuracy, note what was said or done during portions of the videotape that may have poor picture or sound quality.

Having reviewed the videotape the team should discuss what will happen next with the investigation. It may be appropriate at this time to forward the file [including a copy of the videotape] for opinion to the prosecutions child abuse team in your area.

The videotape must be marked and treated as an exhibit by the police member of the team.

The team should determine whether copies should be made and if so who should receive those copies and when and why.

The investigative team should keep an accurate record of all that transpired prior to and subsequent to the interview, in the event they are later called to testify about the content or process of obtaining this child's evidence.

Copying the videotape

The original videotape is evidence. It must be treated in every way like other real evidence in a criminal proceeding. The police are responsible to ensure that this happens and to preserve the integrity of this evidence.

Others involved in the investigation may from time to time require copies of the videotape.

Only police may make copies of the original videotape. They must keep a record of all copies made and who they are provided to.

Copies of videotapes shall be carefully packaged in a sealed container; delivered by hand, courier or registered mail directed to the recipient and marked personal and confidential.

All copies must be returned to police for destruction when no longer required for the purpose they were provided, unless written permission is obtained from the police service to retain possession of the copy of the tape.

Several interviews can be copied onto a single videotape. But the interviews must all relate to the same case, suspect or file.

Prosecution of criminal cases

A copy of the videotape should be provided to the prosecutor's office when requesting an opinion as to charges. The videotape will be returned to police when the opinion has been delivered, unless a prosecution has commenced or charges will be laid immediately. In the latter cases the prosecutor providing the opinion will advise that the videotape has been retained on their file.

Immediately upon charges being laid the police shall provide the prosecutor's office with two copies of each relevant interview. One copy is intended for disclosure purposes. One copy is intended for trial preparation.

The prosecutor's office will in all cases provide disclosure of copies of videotapes of children's evidence. All requests for disclosure are to be forwarded to the appropriate prosecutor's office.

The prosecutor will determine and impose necessary trust conditions or seek court orders in appropriate cases to preserve the privacy of the child and ensure return of the copy.

The prosecutor will assume responsibility for ensuring the videotape is not copied further, or if additional copies are made, track them and ensure their return upon completion of the prosecution.

Upon completion of the prosecution and the expiry of any relevant appeal periods all copies of the videotape shall be forwarded to the police investigator for destruction.

Other professionals

Other professionals involved in the investigation and prosecution of the complaint may from time to time require a copy of the videotape.

All requests for a copy of the videotape shall be made in writing and directed to the investigating officer.

Wherever possible the preference shall be for the police to provide these professionals with an opportunity to view the videotape at the police station. Only in cases where that is not feasible will a copy of the videotape be provided.

Where a copy is provided by police, they shall document who received a copy, when and why.

The recipient of the videotape is not entitled to make a copy.

The copy shall be returned to the investigator for destruction at a date and in a manner specified by the investigator, but in any event no later than 5 years from the date of receipt.

Destruction of copies

Upon receipt of returned copies of videotapes the investigator shall immediately arrange to have them erased, and shall make a record of their return and erasure.

Erased videotapes can be used for other purposes but can never be used again as the original videotape for an interview.

Retention and storage of original videotapes

The original videotape should be in the possession of the police at all times, unless and until it has been marked as a court exhibit.

Where an original videotape has been marked as a court exhibit the Crown prosecutor will request an order that it be returned to the police upon the conclusion of all relevant proceedings and appeal periods.

The police may rely on existing retention of exhibits policies.

Endnotes